

**Putting Health and Wellness
at the Center of Culture:
A Think Tank Series**

REAL

CHEMISTRY



PUTTING HEALTH AND WELLNESS AT THE CENTER OF CULTURE

Consumerization, personalization, and digitization trends are driving new patient and health care provider behavior. At the same time, the cost and time needed to deliver new drugs and technologies continues to grow and pressure for cost-effective and value-based pricing is driving the need for completely new approaches.

These forces are leading us to the health ecosystem of the future, which will be patient-centric, outcomes-oriented, and digitally connected. Patients and health-focused businesses will need to completely rethink care, treatment, and well-being. They need a new kind of partner.

Real Chemistry is built to take on these challenges. More than a name, Real Chemistry is a belief system that the way to real, transformative change is through the uncommon combination of talents, disciplines, and technologies. From clinical to commercial to corporate, we shift the focus from “what is” to “what could be.” Shaping the future of health, we create real chemistry between people and the brands born to change their lives.

Over the course of 2021, Real Chemistry hosted a series of industry Think Tanks eliciting some of the most current thinking around a variety of subjects all centered on the intersection of health and wellness as part of a cultural revolution in care options for patients and physicians.

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Think Tank: ASCO 2021 and Beyond — Looking Ahead in Oncology Treating the Whole Patient

In June 2021, several industry experts, including Brian Reid, Managing Director of Value and Access Communications at Real Chemistry, Maimah Karmo, Founder and CEO, Tigerlily Foundation, and Chantal Roshetar, Associate VP of Communications, City of Hope, shared their insights from the Super Bowl of oncology – the annual conference of the American Society of Clinical Oncology (ASCO) held virtually this year due to the pandemic. One of the most poignant insights shared by the three experts is a movement toward treating the whole patient.

According to Brian, Real Chemistry's Symplur data platform found that the No. 1 key word used in social media tweets about ASCO in 2021 was patients. After digging into the data, Reid found that rather than this trend being accounted for as part of a unit of counting in terms of the number of people enrolled in a clinical trial, it was actually the social media influencers who were talking about data through the lens of the patient — let's really listen to the patient experience. "The scientific breakthroughs are incredible, but I really think the way the provider community is thinking and talking about patients now is changing and really critical," Reid says. "It is encouraging to see not only more experiences being shared online, but hearing the real experiences of people such as Maimah."

Maimah Karmo, Founder and CEO of Tigerlily Foundation, whose breast cancer journey led to the formation of the nonprofit organization more than a decade ago. Her patient journey began on Feb. 28, 2006, at 4:45 p.m., when she was diagnosed with Stage 2 breast cancer. She had no family history of breast cancer; and was only 32-years-old. While undergoing her second round of chemotherapy, Maimah made a promise to God that if she survived, she would live her life in service to others, and create an organization to educate, empower, advocate for, and support young women affected by breast cancer. After her second treatment,

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Brian Reid
Managing Director
of Value and Access
Communications,
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Maimah Karmo
Founder and CEO,
Tigerlily Foundation



Chantal Roshetar
Associate VP of
Communications,
City of Hope

Trend Tracking...

Looking ahead, our three experts provide additional context regarding the trends they will be tracking in the months to come.

Brian Reid, Managing Director of Value and Access Communications, Real Chemistry

I think in the next 12 to 18 months we're going to have a conversation that we have not really had before about the price of oncology drugs and the impact that new entrants to the field are going to have.

Traditionally, there hasn't been a whole lot of pricing pressure. New drugs haven't necessarily brought down the cost to the system or to the individual. Some companies are presenting good data and pledging to be disruptive in their approach to oncology; the impact this will have on the system, on individuals, and the financial aspects will be interesting to track in the coming months. We are keeping an eye on the patient and looking at how the system is continuing to deliver innovation.

Maimah Karmo, Founder and CEO, Tigerlily Foundation

In terms of health equity, I'm looking forward to moving from the statement of the problem to system-specific solutions.

We know the barriers to care, we know where they exist, and we know where the highest disparities are. We need to make a commitment to health equity and fix the problems that exist.

Chantal Roshetar, Associate VP of Communications, City of Hope

I'm watching precision medicine. I know this is an overarching term, but we can't do cancer care right without precision medicine. Patients aren't just an accumulation of their conditions; they're people and everyone is different. Precision medicine at City of Hope is playing a huge role in the patient experience and our ability to deliver innovative new treatments. We've created an infrastructure and tools that allow us to offer a genetic profile both of the tumor of every patient, as well as the germline DNA that they inherit from their parents. This type of data helps us achieve our goal to have all patients receive the targeted therapy that's going to be most effective for them.

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Think Tank: ASCO 2021 and Beyond – Looking Ahead in Oncology (continued)

Tigerlily Foundation was born. Beginning in chemotherapy, Maimah grew Tigerlily Foundation from a concept to a national organization, with hundreds of volunteers nationwide, providing breast health, wellness, and transformational programs to young women across the country.

“There’s so much power in what I call the ‘power of one,’” Maimah says. “My mom taught me the importance of breast exams at 13. No one talks to their daughters about breast exams at 13. The recommendation is that you get a clinical exam in your 30s and then you start to do mammograms in your mid-to-late 40s. But I was diagnosed at 32-years-old after finding a lump at 31. At that time, the doctors weren’t recommending that I even get a mammogram. They recommended that I wait until I was in my mid-40s. If I had waited, I would be dead today.”

Maimah’s journey, not unlike so many others, required her to fight for her right to treatment. She was denied access to a biopsy and received a false negative report on a mammogram. After pushing her physician to perform a biopsy, Maimah was diagnosed with stage IIB triple negative breast cancer and the size of the lump in her breast had doubled in size in just six months.

“I have always believed that what you go through has to grow you, and use the experience as a gift for other people,” Maimah says. “I thought if I just go back to my life as it was people are going to die of cancer because they didn’t know what to check for, didn’t know what to ask for, didn’t know what to persist for. People don’t know how to say to their doctor you’re wrong and you’re fired, and I’m going to get another opinion.”

Maimah began to share her story and her voice, and found, not surprisingly, that there are huge gaps in the health care system. “I was young and I was not health literate, meaning that even though I was close to a master’s degree at that time I didn’t understand cancer,” she says. “But I wanted to understand cancer and share this knowledge with others. Tigerlily grew out of power of one and now we are a national organization.”

One of Maimah’s physicians, who she credits with providing a lifeline of holistic support during her journey, practices at the City of Hope, a world-renowned, National Cancer Institute-designated comprehensive cancer research and treatment organization.

“Treating the whole patient is what our doctors talk about,” Chantal says. “One wonderful thing about cancer is that we have survivorship now. People who have cancer are living in remission — almost like cancer is chronic illness — for a very long time. This survivorship element is very important. The treatment may be over but the patient journey doesn’t end. This a very important part of the care at City of Hope.”

Editor’s Note: To hear more from these experts on the topics of health equity, DE&I, technology advances, pricing, and other hot topics, please go to: <https://www.pharmavoice.com/weblinx/think-tank-asco-2021-oncology/>

Think Tank: Successfully Navigating a New Course — Technology, Medicine, and Leadership

A Q&A with Myrtle Potter, CEO, Sumitovant Biopharma Inc.

Industry trailblazer Myrtle Potter assumed the role of CEO for Sumitovant in December 2019, after having served as Vant Operating Chair of Roivant Sciences since 2018. In that role she oversaw 35 investigational drugs in 11 therapeutic areas being tested in more than 50 clinical trials across the Roivant family of companies. She brings a proven track record of building and leading high-performance teams to bring successful drugs to market. As CEO of Myrtle Potter & Company, she and her 150-plus hand-picked team of experts led major strategic efforts and multiple product launches for numerous biopharmaceutical companies. As President of Commercial Operations at Genentech, she oversaw five-time revenue growth in five years to \$5 billion, resulting in record sales and earnings growth for 19 of 20 consecutive quarters. Before joining Genentech, she served as president of Bristol-Myers Squibb's \$4 billion, 3,500-person U.S. cardiovascular/metabolics business. While at Merck, she started the company Astra-Merck which later, through a series of transactions, became AstraZeneca. Myrtle also serves on the board of Liberty Mutual Insurance Group, and has served on the boards of Amazon, Axsome Therapeutics, Express Scripts, and Medco.

With her vast experience, Myrtle has a unique view on what it takes to bring new drugs to market to benefit patients. She believes that the only way to develop therapies that have the potential to improve patient outcomes is to improve the drug candidate selection and drug development process. Combined with a passionate team that strives to improve patient outcomes, Sumitovant is also leveraging its DrugOME technology and Digital Innovation platform to ask and answer critical questions that reduce development timelines and costs, reduce uncertainty, and enable the company to build and advance a diverse portfolio of transformative therapies across many indications, including cancer, reproductive health, pulmonary and urologic diseases, and rare and ultra-rare disorders.

In this exclusive Q&A, Myrtle gets to the heart of marrying technology and medicine to improve the drug development process — with a healthy dose of solid leadership.

Q: Your company is leveraging its DrugOME technology and Digital Innovation platform to ask and answer critical questions that reduce development timelines and cost, reduce uncertainty, and enable you to build and advance a diverse portfolio of transformative therapies across many indications, including cancer, reproductive health, pulmonary, neurological diseases, and rare and ultra rare diseases. Why do you believe the marriage of technology and medicine is so important to the future of drug development?

Potter: We really do believe that leveraging new technologies such as artificial intelligence, machine learning, and natural language processing is critical to our industry being able to move faster, smarter, and more deliberately to help find solutions for patients. Health care technology can make a big difference. For our company, it's what I call a strategic accelerator. One of my goals is to make certain that our great technology is never disconnected from our business strategy.

Q: And how do you make sure that happens?

Potter: First, I make certain that our organization understands the power of technology, where it has application, and where we can scale the application of the technology for the betterment of our efforts to serve patients. I also work to make certain that our leaders understand how the technology platforms can help them achieve their business goals. At the end of the day, we want broad adoption, broad understanding, and as an organization, we want to have a very rich gestalt around the power of what these technologies can do.

Q: Can you provide a couple of examples where you've had some success?

Potter: We've used our technology to help accelerate clinical trial enrollment. We've used technologies to identify and land on unique insights that better help us position our products. We've used the technology to identify lead target assets with our research effort. Our use of technology is very broad.

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Myrtle Potter
CEO, Sumitovant
Biopharma Inc.

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Think Tank: Successfully Navigating a New Course — Technology, Medicine, and Leadership (continued)

Q: Obviously, with technology comes change management — how are you managing this piece of the puzzle?

Potter: Interestingly enough, at Sumitovant, we naturally draw individuals who really love innovation. They love progress. They are enthusiastic about the future and what the future holds. But we do have to manage the pace of change. If there's anything I've learned from the last year, it's that, as much as we think that change is difficult, we proved as companies, as leaders, as employers that we can embrace change and drive change at even a faster rate than we ever thought possible.

Q: Some may argue that it's not possible to sustain the pace of innovation necessitated by the pandemic, what do you say?

Potter: I'm very hopeful that fast-paced, aggressive development of new therapies is really possible for our industry. Two or three years ago, if we had said we could develop a number of very viable vaccines for COVID in a matter of months, we would have said that's impossible. We would have said that our government couldn't move fast enough and we would have said that the patient population wasn't ready. That the adoption wouldn't be there. And my goodness, we've seen exactly the opposite. We saw government move fast. We saw industry move even faster and we saw patients trust, adopt, and come on board with these vaccines in a time frame that is just simply unprecedented. So, I'm very hopeful about what this means for the future.

Q: As we look to the future, companies will need to chart a new course in light of the pandemic and leaders will need new skills in the future to be successful. How are you adapting your leadership team and your leadership style to the future?

Potter: I'm working very hard to make sure that I'm never the one who is holding up the pace of innovation and the pace of progress. We all like to think that we're very progressive, that we live on the cutting edge, we're forward thinking, we're staying up to date with the science. But as leaders, we have to make certain that we're not the ones holding things back. We have to make sure that we are creating environments where our teams, our employees, and our partners feel that there is permission for them to think big, think boldly, think broadly, and to not be contained by what might have been true five years ago. They have to be free to test the truths, if you will. At the same time, I'm also making certain that as our business becomes increasingly complex, that we're bringing the best talent possible to our problems. And for Sumitovant, that means people with different backgrounds, different educations, differences in race, genders and all other diverse aspects that you can imagine. We believe a very rich mix of diversity makes us smarter and makes our solutions better.

Q: How do you hold your senior leaders accountable for ensuring there is diversity of talent throughout the company?

Potter: There are a number of ways I go about it. First, each one of my leaders understands that their No. 1 job is to create the next generation of leaders and to absolutely assure that we have the best and the brightest people at the table ready to take on the challenges that are so important to us. For this to happen, I need to be able to see organizations in action, and I need to see a high level of engagement from across the organization. And the ways we make sure this happens is we measure for it, we test for it, and we ask questions. We do a lot of work to answer the questions: are people engaged, do they care about their work, do they believe their leadership cares about them, do they see how their work ties into the whole, and at the end of the day, would they sign up and come with us again if they had a chance to interview and be considered for a new role?

Q: What do you think is the greatest opportunity the industry has in front of it in the near term?

Potter: One of the greatest opportunities we have in the next six, 12, 18 months is doubling down again on assuring that everyone in America is getting care, has access to care in one way, shape, form or another. When we first were faced with the COVID problem, I remember one of the early questions was, well my goodness, who's going to pay for all this? We've got to get millions — hundreds of millions of people vaccinated. What does that look like? Well, we've proven that we can come up with solutions that bring good outcomes to the broader population. I would hope that we can take some of those lessons and really double down and learn even more.

Editor's Note: To listen to the full interview with Myrtle Potter, please go to: <https://www.pharmavoices.com/weblinx/real-chemistry-think-tank-technology-medicine-leadership/>



Think Tank: Vaccinating the Remaining Populations

What would it take to get us back to pre-pandemic life?

After months of incentivizing Americans to get vaccinated, immunization rates for COVID-19 have yet to reach the levels required to achieve herd immunity. At the same time, the Delta variant has taken hold representing 10% of infections in early June and close to 100% of new cases by August 2021. Losing patients, governments and businesses are beginning to mandate vaccinations for specific groups but it is unclear if these mandates will hold or if they will be successful.

Despite the media attention on the topic, more needs to be done to help remaining populations feel confident enough to get the shot. Seth Duncan, Chief Data Officer, Real Chemistry, and Reed Tuckson, M.D., F.A.C.P., Managing Director, Tuckson Health Connections LLC, dive into understanding what a “new normal” looks like given the fact that COVID is now being viewed as endemic, how to get those who are vaccine-hesitant comfortable with getting the shot, and what new treatments are coming on the scene.

“I think what we are appreciating is that the current state of affairs is uncertain but overwhelmingly concerning,” Dr. Tuckson says. “We now understand and realize that we will, without extraordinary good fortune at this point, not reach the level of herd immunity or vaccination coverage necessary to stamp this virus out. We are headed toward, not only an endemic disease, but several months of real crisis as more and more people become overwhelmingly sick, as we watch our health care delivery system continue to crack and fracture in many, many states, and as we watch the retrenchment continue to dig in by far too large a segment of the population.”

In addition to the large numbers of still unvaccinated people, Dr. Tuckson is particularly concerned about the state of science deniers by significant parts of the nation. There are too many people who simply do not believe anymore in science, in evidence, nor do they believe in the people who are responsible as professional experts to convey science and expertise. “This is a very scary and troubling phenomenon as we go forward in not only fighting COVID but the nature of the patient-physician relationship and large public health interventions in communities across the country,” he says.

When it comes to taking stock of what’s happening, Seth has a unique perspective based on his position at Real Chemistry, and he is concerned as well by not only the increase in cases impacting younger populations, but that it takes having a family member contract COVID to change people’s minds.

“Data are starting to show that when people are infected or close members of their family are infected, their attitudes about vaccination does change,” he says. “And I think this comes back to the fact that many unvaccinated Americans are not just skeptical of the vaccines, they’re skeptical about the dangers of COVID-19. Unfortunately, people have to go through a lot of pain and suffering to get to that change of mind.”

Living with COVID

As the world comes to grip with learning how to live with COVID and the continually emerging variants, Dr. Tuckson believes there will be a need for periodic modifications in vaccines on a regular basis.

“Our new understanding of the clinical and scientific research will result in treatments like monoclonal antibody technologies, which are so important for this disease, as well as other technologies,” he says. “The genius of the biopharma industry will certainly bring us the opportunity to treat similar types of conditions like COVID in more effective

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Seth Duncan
Chief Data Officer,
Real Chemistry



Reed Tuckson,
M.D., F.A.C.P.
Managing Director,
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Connections LLC

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Think Tank: Vaccinating the Remaining Populations (continued)

ways. I hope that what this also means going forward into a new normal is that we will see more robust support financially and otherwise for our public health infrastructure. This being said, I think it's going to be very difficult to get this done across the board. I hope the biopharma industry will take it upon itself to support our public health departments along with the strong support of major corporate research entities in partnership with the public health infrastructure, otherwise I fear public health is going to get run over like a truck in many of these communities and that worries me greatly."

Interestingly, when digging into the data, Seth says Real Chemistry uncovered some key indicators. "Since the emergency use approval in the fall, we are finding the individuals who are least likely to want to get vaccinated tend to be lower income, lower education — transcending ethnic boundaries to a great degree," he says. "At this point, it really does seem like a battle against the hesitant. The individuals who have made at least some decision or a strong indecision to not get vaccinated still tend to be among right-leaning, lower educated Americans."

Another interesting data point, politics aside, according to Seth, is that unvaccinated individuals are more open to risk. "These people tend to just not see much risk in the world at all," he says. "They tend to spend their money very freely. Again, controlling for income, they spend more of their income on consumer-packaged goods than others. They tend to have more rotating and open lines of credit. They tend to shop far more often in brick-and-mortar stores than online. There's just a certain type of individual who just doesn't see a risk in the world — they're a little bit impulsive."

Changing Minds

To get back to a semblance of normalcy, both Dr. Tuckson and Seth believe that there will need to be a push to continue to change minds around the science and safety of the vaccines and counter the immense amount of misinformation that is being propagated in social media.

"As a public health communicator, I focus so much of my conversation with the American public on facts, data, and science," Dr. Tuckson says. "What we need are emotional messages. We have focused on the technical points, because we had to, and not enough on emotion."

Seth says it's going to come down to connecting with the difficult to reach individuals and helping them change their belief systems about the mRNA vaccines in particular. "I also think it's about changing their attitudes about COVID overall. We are working closely with the Ad Council as well as with a lot of pharma manufacturers to develop more, for lack of a better word, emotional campaigns that remind people what's at stake by not getting vaccinated and what the community benefits are to getting vaccinated."

For Dr. Tuckson, it's all about trust and getting back to a place in which the public trusts public health officials, physicians, the pharma industry, and the science.

"I think that every activity that can possibly occur within pharmaceutical companies, from how these companies relate to the communities around them, to how they communicate with each of their customers who are the end-users of their products, to how they relate to their business partners at every level, to the way in which clinical research is conducted all the way through to engaging in marketing and advertising, has to be based upon a fundamental sense of confidence," he says. "People can have confidence in this industry, they can have confidence in medicine, and they can have confidence in an individual company."

Editor's Note: This Think Tank was recorded in October 2021 before the Omicron variant emerged. To hear the full webinar, please visit <https://www.pharmavoice.com/weblinx/real-chemistry-think-tank-vaccinating-remaining-populations/>

Think Tank: Looking Ahead to 2022 and Beyond — Addressing COVID Misinformation

On the Horizon

Looking toward 2022 and beyond, Ujwal Pyati, Ph.D., Practice Lead of Scientific Strategy, Real Chemistry, and Geeta Nayyar, M.D., Chief Medical Officer, Salesforce, identify several key trends they are tracking amidst the continuing pandemic and its impact on health care.

One of the first areas to note for both is the proliferation of misinformation that abounds surrounding COVID itself as well as the vaccines that are now available.

“Pharma has stepped up to the challenge of COVID with great vaccines and emerging therapeutics that are often highly effective and allowed our society to get back to somewhat normal,” Dr. Pyati says. “So how do they seize the moment? I think one area that they could really own is countering misinformation. Now is a moment when pharma can step up and engage with key scientists in relevant areas, elevate them to have the strongest voices, and make them the champions — whether it’s communication for a specific patient population to help people understand that patient population better and drive empathy, or therapeutic advancements that can help patients in the long run. And this includes social media — pharma can help clarify any sort of misinformation that’s out there and make sure people understand the science for what it is versus listening to pop stars talk about science.”

Dr. Nayyar says the bottom line is pharma is literally saving the world right now. “I think pharma has this opportunity to rise to the occasion, both in the innovation and role they play in disease management and treatment prevention, as well as this big monkey on our back that continues to be misinformation and not just related to COVID-19. Misinformation is not new to us docs, whether we’re talking about mysteries and myths around diabetes, hypertension, or pregnancy. I think pharma has an amazing opportunity to partner with their providers, get science out there, make science cool again, and really lean into this goodwill. It is time for pharma to truly come out of this as a leader and think differently about marketing communications and their role in the space.”

Dr. Nayyar says another opportunity that pharma has to rise to the occasion is to address global health inequities. “We know that unless everyone gets vaccinated, we will continue to see a ping-pong of variants continue to happen,” she says.

Dr. Pyati agrees, noting companies such as Merck and Pfizer are working to license manufacturing to other companies around the world to distribute low or no-cost therapeutics to individuals in need. “This is a great step forward and I’m excited to see what more pharma does next year,” he says. “Can we accelerate the distribution of vaccines? Can we make them inexpensive for individuals in these populations but also accessible? And, again, we still have to tell a clear story that these vaccines are good for people and won’t compromise their health. People are superstitious; people think there are side effects arising that are not necessarily true. We need to combat all that and make sure that the world gets vaccinated appropriately and that we have therapeutics widely available to deal with the infections when they do arise and shorten their course.”

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Ujwal Pyati, Ph.D.
Practice Lead of
Scientific Strategy,
Real Chemistry



**Geeta Nayyar,
M.D.**
Chief Medical Officer,
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Think Tank: Looking Ahead to 2022 and Beyond — Predictions for the Health Care Industry (continued)

Dr. Nayyar believes there needs to be a cultural shift in order to achieve the goals of countering misinformation and making vaccines readily available. “We need to think about what the role of the physician is and the role the pharmacist plays, as well as the role of the celebrity, and the mechanic, and the neighbor. I go to my mechanic when I have trouble with my car. I certainly don’t go to my hairdresser and say, ‘What do you think I should do about my car?’ So why is it so crazy for us as physicians and scientists to say, ‘If you have a health care question, please ask me. I’m happy to answer any of your questions. But I need to also have time to do that; I need to scale that out of the office, I need to get reimbursed for it.”

Another area that the two physicians agree on is the need to raise the level of health literacy around the world. “It is a tragedy that folks do not understand why washing their hands and keeping six feet apart would prevent them from getting any respiratory virus, not just COVID-19,” Dr. Nayyar says. “The fact that folks don’t understand what a virus is or what bacteria are is incredible. There is a need for health care 101, we need to raise the bar just like we have reading levels. The problem with science is it’s got weird language, weird pictures, weird spike proteins, and folks don’t understand that. So anyone can manipulate science with a cool video and some dance moves. But if people know the facts, they are able to immediately identify something and say, ‘Oh, this is nonsense.’ So we need health literacy and health education. This has to be something we fix altogether.”

Editor’s Note: To listen to the full conversation, [visit https://www.pharmavoice.com/weblinx/looking-ahead-2022-health-care-industry/](https://www.pharmavoice.com/weblinx/looking-ahead-2022-health-care-industry/)

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